U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing.  4. Name, file number, and address of fabor organization.  Name  Frants.   Ast. D. Antain.o.	1. File Number U - 7211C	2. Fiscal Year Covered From:
Name   Erank   Al D. Antonio   Laborer's   Lircal H 172   Labor Organization File Number   ODUSKO   P.O. Box, Bidg., Room No., if any   P.O. Box, Building and Room Number, if any   Street   12   Melissa Lane   Street   G.O.Y. Building and Room Number, if any   Street   Roy   Building and Room Number, if any   Street   G.O.Y. Building and Room Number, if any   Street   Mew Jevey   ZIP Code +4   OSG 10   State   New Jevey   ZIP Code +4   OSG 10   State   A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monitality value from an employer whose employees your organization represents or is actively seeking to represent.  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monitality value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any) Name   Trade Name, if any   P.O. Box, Bidg., Room No., if any   T.a. Nature of Interest, Transaction, or Income  Street   Signature   S		1 / 1 / 2004 Through: 12 / 31 / 2004
P.O. Box, Bidg., Room No., if any  Street IA Melissa Lane  City Piles grove  State New Jergey  Stole NEW JERSEY  ZIP Code +4 08098  Stole NEW JERSEY  ZIP Code +4 08098  Stole NEW JERSEY  ZIP Code +4 08098  Stole NEW JERSEY  ZIP Code +4 08010  S. Position in labor organization.  Bus interest and paged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned ALAL A. D. Owth	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
P.O. Box, Bidg., Room No., if any  Street ID Melissa Lane  City Pies grove  State New Texsey  ZIP Code +4 108098  State New Texsey  ZIP Code +4 108010  State New Texsey  ZIP Code +4 108010  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an emptoyer whose employees your organization represents or is actively seeking to represent.  A. Name and address of Employer (including trade name, if any)  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the beat of the undersigned Sand A A A A A A A A A A A A A A A A A A A	Name Frank A. D. Antonio	Name Laborers' Local# 172
Street IA Melissa Lane  City Pies grove  State Vew Tersey ZIP Code +4 08098 State NEW TERSEY ZIP Code +4 08610  5. Position in labor organization.  Bus INESS AGENT  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except a specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other exconomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code +4  Signature  15. Signature and verification. The undersigned doclares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed J. A. A. D. Cotto.  On March.		Labor Organization File Number 004816
State   New Jersey   ZIP Code +4   08098   State   NEW JERSEY   ZIP Code +4   08610    5. Position in labor organization.   BUS   NESS   AGENT    Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any)  Name   Trade Name, if any:    P.O. Box, Bidg., Room No., if any    Street   ZIP Code +4    Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned send belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed L. A. C. D. Cotto.    On My 15   109 - 291 - 9100	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
State New Jersey ZIP Code +4 08098 State NEW JERSEY ZIP Code +4 08610 3  5. Position in labor organization. 803 (NESS AGENT  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Hetd an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  7.a. Nature of interest, Transaction, or Income.  7.b. Amount.  Street  City  State  ZIP Code +4  Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed J. A. C. D. Contains  On Matter  1. State D. C. D. Contains  On Matter  1. State D. C. D. C. C. D. C.	Street 12 Melissa Lane	Street 604 BORDENTOWN ROAD
5. Position in labor organization.  By 3   NESS AGENT  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any)  7.a. Nature of interest, Transaction, or income.  7.b. Amount.  Street  City  State  Signature  14. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed J. A. A. D. A. O. O. S. J.	The second secon	City TRENTON
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State  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed   A. D. W. On   Signature  On   15. Amount.   City  Signature  16. Amount.  Signature  16. Amount.  Signature  17. b. Amount.  Signature  16. Amount.  Signature  17. b. Amount.  Signature  18. Signature  19. Signature	Trade Name, if any:	
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J. W.	15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the contained in the back of the	
Date Telephone Number	Signed Ind G. D'Outo	on 8/9/05 609-291-9100
		Date Telephone Number

Frank A. Di Antonia Name of Person Filing File Number U-B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Laborers Health+Safety Fund a. Labor Organization Trade Name, if any: P.O. Box, Bldg., Room No., if any c. Employer Street 905 16th St NW City Washington

State D.C. ZIP Code + 4 2000 G 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Provides health + Safety assistance To Name related funds and signatory employers Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. G-G-04 Recieved jacket from the fund Estimated at \$100. State ZIP Code + 4 See Addendum A. 12.b. Amount. 4 100 . C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

PARENT ORGANIZATION:
LABORERS INTERNATIONAL UNION OF
NORTH AMERICA



# LOCAL



AFFILIATED WITH:

AMERICAN FEDERATION OF LABOR-CIO
NJ HEAVY & GENERAL CONSTRUCTION
LABORERS' DISTRICT COUNCIL
NJ STATE BUILDING TRADES COUNCIL

172 OF SOUTH JERSEY

## CONSTRUCTION AND GENERAL LABORER'S UNION

(609) 291-9100 • Raymond M. Pocino Building • 604 Bordentown Rd., Trenton, NJ 08610 • FAX (609) 291-0158

E. FRANK DI ANTONIO

President & Business Manager

ANTHONY CAPACCIO

Secretary-Treasurer

LACEY WALKER

Vice President

**DEREK WEBER** 

Recording Secretary

NABIH SHEHATA

Executive Board

**DONALD LANAHAN** 

Executive Board

JOSEPH DE MARCO, JR.

Executive Board

FRANK A. DI ANTONIO

Sergeant-at-Arms

GARY ROMANOWSKI

Auditor

**BRENDAN ROSENBERG** 

Auditor

RUSSELL DAVIS

Auditor

#### Addenda To The LM-30

Addendum A (Unsolicited Gifts or Promotional Items)

In 2004, I recall that I was given a jacket from the New Jersey Laborers Health & Safety Trust as a complimentary promotional item while attending a Conference. At no time did I solicit the item. I have no knowledge as to the exact value of the jacket.

PARENT ORGANIZATION: LABORERS INTERNATIONAL UNION OF NORTH AMERICA



# LOCAL



AFFILIATED WITH:

AMERICAN FEDERATION OF LABOR-CIO

NJ HEAVY & GENERAL CONSTRUCTION

LABORERS' DISTRICT COUNCIL

NJ STATE BUILDING TRADES COUNCIL

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### CONSTRUCTION AND GENERAL LABORER'S UNION

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August 12, 2005

E. FRANK DI ANTONIO President & Business Manager

ANTHONY CAPACCIO Secretary-Treasurer

LACEY WALKER
Vice President

DEREK WEBER
Recording Secretary

NABIH SHEHATA Executive Board

DONALD LANAHAN
Executive Board

JOSEPH DE MARCO, JR.
Executive Board

FRANK A. DI ANTONIO Sergeant-at-Arms

GARY ROMANOWSKI Auditor

BRENDAN ROSENBERG Auditor

RUSSELL DAVIS

Auditor

U. S. Department of Labor Employee Standards Administration Office of Labor Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

Re: Form LM-30 Filing for Frank A. DiAntonio

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records and relied upon my best recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that an employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that in that circumstance I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of reportable events in 2004.

Sincerely,

Frank A. DiAntonio Sergeant-At-Arms